2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
DOCUMENT # P9700009006 1. Entity Name DYNAMIC RESTAURANT OPERATION: JACKSONVILLE, INC.					•
Principal Place of Business Mailing Address 1371 PALMETTO PARK RO 1371 PALMETTO PARK RO BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US				una alin lini lina lina	
DO NOT WRITE IN THIS SPACE			04262006 4. FEI Numbe 65-0795	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
5. Name and Address of Current Regi SIEGEL, NAT 1371 PALMETTO PARK RD BOCA RATON, FL 33486	stered Agent		_	NOT WI	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trie it applicable. (NOTE: Registered Agent signature required when reinstains) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	ncing _ \$5.	.00 May Be ed to Fees		
10. OFFICERS AND DIRE ITTLE P NAME COSENTINO, JAMES A STREET ADDRESS GITY-ST-ZIP CHEEKTOWAGA, NY 14225 ITTLE NAME STREET ADDRESS GITY-ST-ZIP	CTORS			U000005 05/10/06-	542894 80117-007 1 50.00
MILE NAME STREET ACORESS CITY-SI-ZIP TITLE NAME STREET ACORESS CITY-SI-ZIP				NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

THE MAD THE PORTERIORS HAVE OF SIGNIFICATION OF THE PORTER OF OCCUPANT

26-06 561-36 Date Daytime Prione if